PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003																
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY																
1	OTAL CLAIM	S	3]	<u> </u>	(COMMINITE)		RATE	<u> </u>	_			4			
F	FOR			BER FILED	MI	NUMBER EXTRA		BASIC FI			RATE		-{			
7	TOTAL CHARGEABLE CLAIMS			2 minus 20=		•			+	40	BASIC FE		'			
I N	DEPENDENT	CLAIMS	U	minus 3 =	•	T	ł	X\$ 9=	-	_ 0	X\$18=	18	4			
М	ULTIPLE DEP	ENDENT CLAIM F	PRESENT		<u> </u>			X43=	 	OF	X86=	86		•		•
<u> </u>	f the differen					<u> </u>		+145=		OF	+290=			•		
* If the difference in columny1 is less than zero, en								TOTAL]or	TOTAL	874	1			
	(Column 2) (Column 3)								ENTITY	 OR	OTHE	R THAN]		•	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	EST SER USLY	PRESENT EXTRA		RATE	ADOI- TIONAL FEE	7	RATE	ADDI- TIONAL FEE				
ENDA	Total	. 20	Minus	 2				X\$ 9=		OR	X\$18=		1			
AM	Independent	ENTATION OF M	Minus	DEDENDEN) () ()	1.		X43=		OR	X86=	1	1		•	
<u> </u>	1	ENTATION OF M	OLTIPLE	DEPENDENT	CLAIR		۱. <u>۱</u>	+145=		OR		1				
•	3-28-	07 .					L	TOTAL		4	TOTAL ADDIT. FEE		1			
	100	(Column 1)	r	(Colum		(Column 3)				_]			
AENT B	·	REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE.	ADDI- TIONAL FEE				,
AMENDMENT B	Total	- 21	Minus	- 2	7	- 0		X\$ 9=		OR	X\$18=		1,			
	Independent FIRST PRESE	ENTATION OF MU	Minus	DEPENDENT	Y AIRA	- /_	ſ	X43=		OR	X86=	200-				
				2.02.11	~~~			+145=		OR	+290=					
					Al	TOTAL DOIT, FEE		OR	YOTAL ADDIT, FEE							
7		(Column 1)		(Column		(Column 3)								•		
AMENOMEN! C	16/07	REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	FR SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	1	8 <u>19</u> ,	21/2	23,
5	Total	· 1G	Minus	2	/			X\$ 9=		ОЯ	X\$18=	_FEE_				. ,
	Independent	NTATION OF MU	Minus	PROCNIDENT O	7	= /	⊢	X43∍	•	OR		310	23,	<i>75,</i> 0	Z	
-					,		1	145=		OR OR	+290=	211V				
— n	the Trughest Nun	nn 1 is less than the nber Previously Pak	1 For IN T	HIS SPACE is to	on Stan	20 anta 20.	L	TOTAL DIT. FEE		OB L	TOYAL	210			•	
T	he "Highest Num	mber Previously Paid ber Previously Paid	For (Total	rus space is le l or Independent	is the	n 3, enter "3." highest number (ropriate box	in cob			•			

FORM PTO-875 (Rev. 10/03)